



**Health
Information
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	St. Dominic Savio Nursing Home
Name of provider:	Smith Hall Limited
Address of centre:	Cahilly, Liscannor, Clare
Type of inspection:	Unannounced
Date of inspection:	24 April 2024
Centre ID:	OSV-0000450
Fieldwork ID:	MON-0041736

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

St. Dominic Savio nursing home is a purpose-built single-storey nursing home that provides 24-hour nursing care. It can accommodate up to 28 residents both male and female over the age of 18 years. Care is provided for people with a range of needs: low, medium, high and maximum dependency. It is located in a rural area close to the coastal village of Liscannor. It provides short and long-term care primarily to older persons. There are nurses and care assistants on duty covering day and night shifts. Accommodation is provided in both single and shared bedrooms. There are separate dining, day and visitors' rooms as well as a garden patio area available for residents use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	27
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 24 April 2024	09:50hrs to 17:25hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

The inspector observed that residents living in this centre received a good standard of care and support. Residents were complimentary about staff and the care they provided. Staff were observed to deliver care and support to residents which was kind and respectful, and in line with their assessed needs. The atmosphere was friendly and relaxed throughout the centre.

Located in a rural area outside the village of Liscannor, County Clare, St Dominic Savio Nursing Home was a purpose-built, single-storey facility. The designated centre was registered to provide short and long term care to a maximum of 28 residents. Bedroom accommodation comprised of single and twin occupancy bedrooms, a number of which were ensuite. Many bedrooms were personalised, and decorated according to each resident's individual preference. Communal areas included a TV room, a sun room and a dining room. There was also seating provided in the reception area which provided residents with views of the outdoors. A visitors' room was also available, providing residents with a comfortable space to meet with friends and family members in private. There was safe, unrestricted access to an outdoor area for residents to use.

The premises was laid out to meet the needs of residents, and to encourage and aid independence. All areas of the centre were found to be appropriately decorated, with communal rooms observed to be suitably styled to create a homely environment. The centre was bright, warm and well ventilated throughout. Corridors were equipped with appropriate handrails to assist residents to mobilise safely. There was a sufficient number of toilets and bathroom facilities available to residents. The centre was observed to be clean, tidy and generally well maintained.

As the inspector walked through the centre, residents were observed in the various communal and bedroom areas, and it was evident that residents' choices and preferences in their daily routines were respected. Some residents were relaxing in the communal rooms, while other residents were having their care needs attended to by staff. As the day progressed, the inspector spent time observing staff and resident interaction. The majority of residents were observed in the communal areas, watching TV, chatting to one another and staff, participating in activities or simply relaxing. A small number of residents chose to spend time relaxing in the comfort of their bedrooms. Throughout the day, residents moved freely around the centre, and were observed to be socially engaged with each other and staff. While staff were seen to be busy assisting residents throughout the day, the inspector observed that staff were kind, patient, and attentive to their needs. The inspector observed that personal care was attended to a good standard. There was a pleasant atmosphere throughout the centre and friendly and familiar chats could be heard between residents, staff and visitors.

Residents were happy to talk about life in the centre and the inspector spoke in detail with a total of six residents throughout the day. Those residents who spoke

with the inspector said that they were satisfied with life in the centre. They said that staff were very good and that they could freely speak with staff if they had any concerns or worries. There were a number of residents who were not able to give their views of the centre. However, these residents were observed to be comfortable and relaxed in their surroundings.

Visitors were observed coming and going throughout the day. The inspector spoke with a number of visitors who were very satisfied with the care provided to their loved ones. Visitors told the inspector that they were happy their loved ones were able to live in a local nursing home and remain part of the local community.

Residents were provided with a good choice of food and refreshments throughout the day. Residents had a choice of when and where to have their meals. During mealtimes, those residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently. Residents were complimentary about the quality of the food.

Residents stated that they had a choice in how they chose to spend their day. One resident described how they preferred to spend their day in their bedroom, listening to the radio and that staff always provided assistance when it was needed. There was a schedule of activities in place which provided residents the opportunity to participate in activities such as exercise, bingo, quizzes and music. The inspector observed the activities co-ordinator and care staff provide activities on the day.

In summary, residents were receiving a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was an announced monitoring inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector reviewed the action taken by the provider to address areas of non-compliance found on the last inspection in August 2023.

The inspector found that, overall, this was a well-managed centre where the quality and safety of the services provided were of a good standard. An inspection in August 2023 found that submission of notifications of incidents was not in line with the requirements of the regulations. The findings of this inspection found that the provider had taken action to address this issue. However, this inspection found

repeated non-compliance in the management of records. In addition, the procedure for managing complaints was not in line with the requirements of the regulations.

The registered provider of this designated centre was Smith Hall Limited. There were two directors of the company, both of whom were involved in the day-to-day operation of the service and a visible presence in the centre. There was a clearly defined organisational structure in place, with identified lines of authority and accountability. There was a full complement of staff including a person in charge, clinical nurse managers, nursing and care staff, housekeeping, activity and catering staff. Management support was also provided by a new administration manager. On the day of the inspection, the person in charge was not available and a clinical nurse manager, who was deputising in her absence, facilitated the inspection.

On the day of the inspection, there were sufficient numbers of suitably qualified staff available to support residents' assessed needs. Staff had the required skills, competencies, and experience to fulfil their roles. The team providing direct care to residents consisted of at least one registered nurse on duty at all times and a team of healthcare assistants. Communal areas were appropriately supervised, and the inspector observed kind and considerate interactions between staff and residents.

The provider had systems of monitoring and oversight of the service in place. Key aspects of the quality of the service were reviewed by the management team on a weekly basis. This included information in relation to weight loss, falls, hospital admissions, safeguarding, activities, training and other significant events. An annual review of the quality and safety of the services had been completed for 2023 which measured the performance of the service against the national standards. A quality improvement plan was in place for 2024. Regular management meetings were held where various issues were discussed including resident issues, recruitment, training, complaints and general communication. However, the system of oversight in place to ensure full compliance with Regulation 23 was not robust, resulting in poor records management and a complaints process that was not in line with the regulations.

Staff were facilitated to attend training, appropriate to their role. This included fire safety, people moving and handling, safeguarding of vulnerable adults, and infection prevention and control training.

There were contracts for the provision of services in place for residents which detailed the terms on which they resided in the centre.

The centre had a risk register in place which identified clinical and environmental risks to the safety and welfare of residents, and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place. Notifiable events, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector within the required time frame.

There was a policy and procedure in place for responding to complaints, however this was not updated in line with regulatory requirements.

Regulation 15: Staffing
There was sufficient staff on duty with appropriate skill mix to meet the needs of the residents, taking into account the size and layout of the designated centre.
Judgment: Compliant
Regulation 16: Training and staff development
Staff had access to training and had completed all necessary training appropriate to their role.
Judgment: Compliant
Regulation 19: Directory of residents
The directory of residents contained all the information specified in paragraph three of Schedule 3 of the regulations.
Judgment: Compliant
Regulation 22: Insurance
A certificate of insurance was in place to protect residents and their belongings.
Judgment: Compliant
Regulation 23: Governance and management
<p>The management systems reviewed on the day of the inspection did not provide assurances that the service was appropriately monitored. This was evidenced by:</p> <ul style="list-style-type: none"> the policy and procedure in relation to complaints management was not reviewed and updated in line with Regulation 34: Complaints. For example,

the policy did not include the correct timelines for investigating and concluding a complaint or for the review process.

- the system in place to manage the records set out in Schedule 2 of the regulations did not facilitate effective record-keeping. For example, a number of staff files were incomplete and did not contain all the information required by the regulations, such as, evidence of a staff member's identity, current professional registration details or written references from their most recent employer.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The provider ensured each resident was provided with a contract for the provision of services, in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector found that the standard of care which was provided to residents living in this centre was of a good quality. Residents spoke positively about the care and support they received from staff and confirmed that their experience of living in the centre was positive. Staff were respectful and courteous with residents.

Care delivered to the residents was of a good standard, and staff were knowledgeable about residents' care needs. Each resident had an assessment of their needs completed prior to admission to the centre to ensure the service could meet their health and social care needs. Following admission, a range of clinical assessments were carried out using validated assessment tools. The outcomes were used to develop an individualised care plan for each resident which addressed their individual abilities and assessed needs. The inspector reviewed a sample of three residents' files. Individual care plans were comprehensive and were updated every four months, or as changes occurred, to reflect residents' changing needs and to provide clear guidance to staff on the supports required to maximise the residents' quality of life. There was evidence that the person-centred information contained within the care plans was gathered through consultation with the residents.

Residents were reviewed by a medical practitioner, as required or requested. Referral systems were in place to ensure residents had timely access to health and social care professionals for additional professional expertise.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. There were a number of residents who required the use of bedrails and records reviewed showed that appropriate risk assessments had been carried out.

Residents' individual preferences were supported and the inspector observed that residents were able to exercise choice in their daily routines. Residents were provided with opportunities to consult with management and staff on how the centre was run. Residents' forum meetings were held regularly and a range of topics were discussed including safeguarding, complaints and advocacy and falls safety. Residents had access to an independent advocacy service.

The premises was generally well maintained and appropriately decorated throughout. All areas of the centre were observed to be very clean and tidy.

Fire procedures and evacuation plans were prominently displayed throughout the centre. Personal emergency evacuation plans were in place for each resident. There were adequate means of escape, and all escape routes were unobstructed, and emergency lighting was in place. Fire-fighting equipment was available, and serviced, as required. There were regular in-house fire safety checks completed and recorded. Staff were knowledgeable about what to do in the event of a fire.

Regulation 10: Communication difficulties

The registered provider had arrangements in place to ensure residents who experienced communications difficulties were appropriately assessed, and supported to enable residents to make informed choices and decisions.

Judgment: Compliant

Regulation 11: Visits

The registered provider had ensured that arrangements were in place for residents to receive visitors. Residents who spoke with the inspector confirmed that visiting was unrestricted.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to appropriate space and facilities within their bedrooms to store their personal belongings, including lockable storage.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. There was choice of meals available to residents from a varied menu that was on display and updated daily. The menu provided a range of choices to all residents including those on a modified diet. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that identified risks and control measures in place to manage those risks.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred, and updated at regular intervals.

Judgment: Compliant

Regulation 6: Health care
Residents had access to appropriate medical and allied health care professionals and services to meet their assessed needs.
Judgment: Compliant
Regulation 7: Managing behaviour that is challenging
A restraint-free environment was promoted in the centre, in line with local and national policy. Each residents had a risk assessment completed prior to any use of restrictive practices. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.
Judgment: Compliant
Regulation 9: Residents' rights
Residents' rights were upheld in the centre and their privacy and dignity was respected. Residents told the inspector that they felt safe in the centre and that their rights, privacy and expressed wishes were respected.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Dominic Savio Nursing Home OSV-0000450

Inspection ID: MON-0041736

Date of inspection: 24/04/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The complaints policy has been amended to include the correct timelines for investigating and concluding a complaint and for the review process. • All staff records are being collated into individual staff folders. We are undertaking an audit on all the current staff records to identify gaps required by the regulations. All staff records will then be brought into compliance. 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/07/2024